Welcome to

Children With Autism Waiver

Webinar for Case Managers

PRESENTED BY:
Candace Bailey

DATE:
November 2013

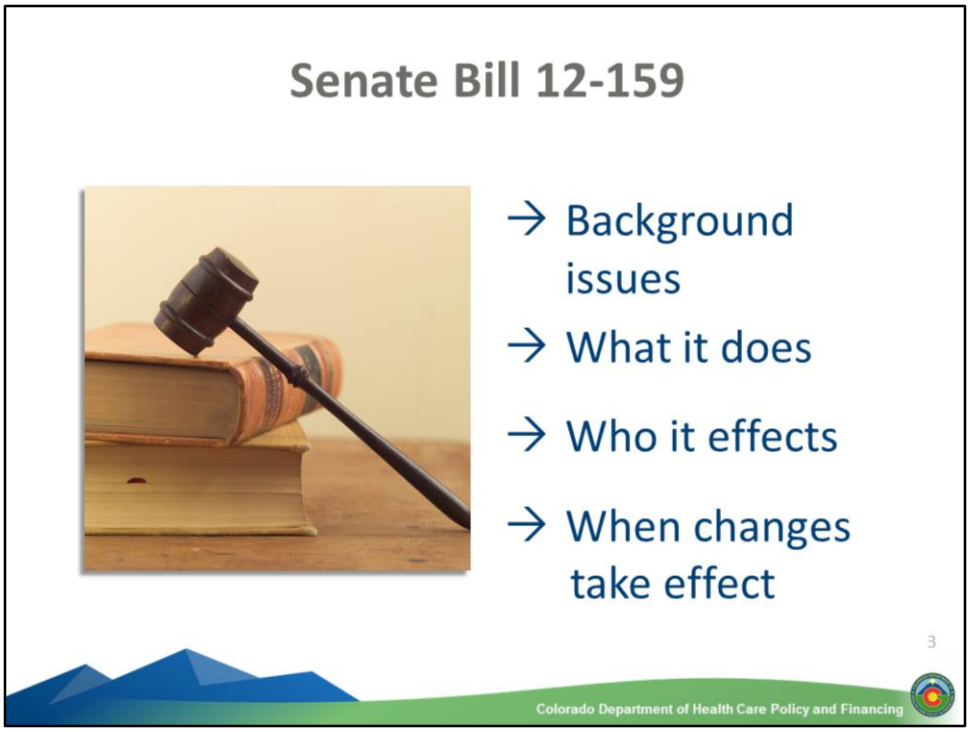
AUDIO OPTIONS:
Use Telephone

Dial: 1-877-820-7831

Access Code: 982280

Our Mission:

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources



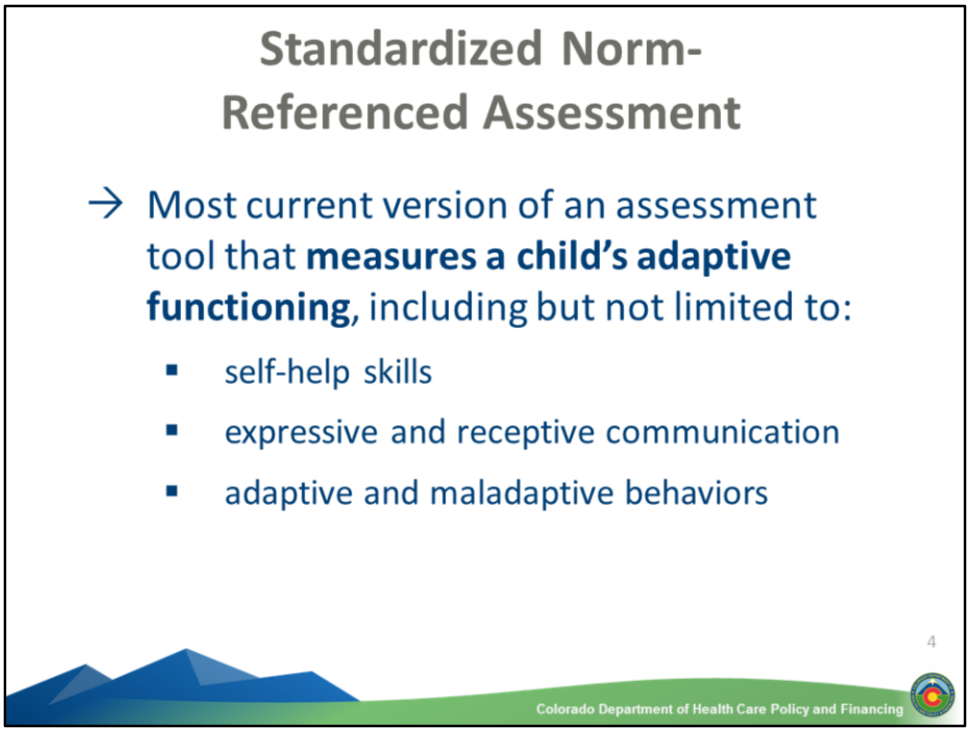
Legislation was passed in 2012

Background issues – the waiver was under utilized because it served a small population and the time it takes for a client on the waitlist, they age out of the waiver before they can receive services

Stakeholders came together to draft this legislation to require the Department to do the following:

- Department must prioritize waitlist based on imminent need
- Department must review funds annually to determine if adding waiver slots is possible
- Requires providers to perform a standardized, norm-referenced assessment
- Requires an outside contractor develop evaluation of program to see effectiveness of the waiver

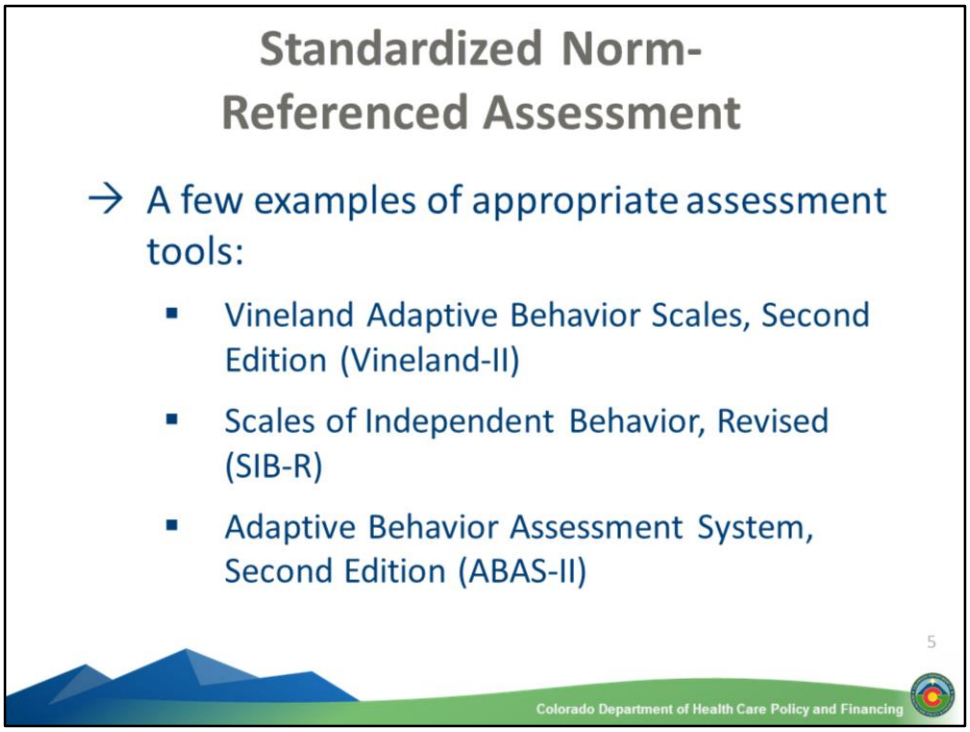
- Changes take effect January 1, 2013



Needed to find a way to assess clients needs consistently

A workgroup of Department staff, advocates, parents, Case Manager supervisors and providers came together to discuss the requirements of the legislation, brainstorm ideas on how to prioritize the waitlist, and how to deal with clients who are already on the waitlist.

Definition of Standardized Norm-Referenced Assessment

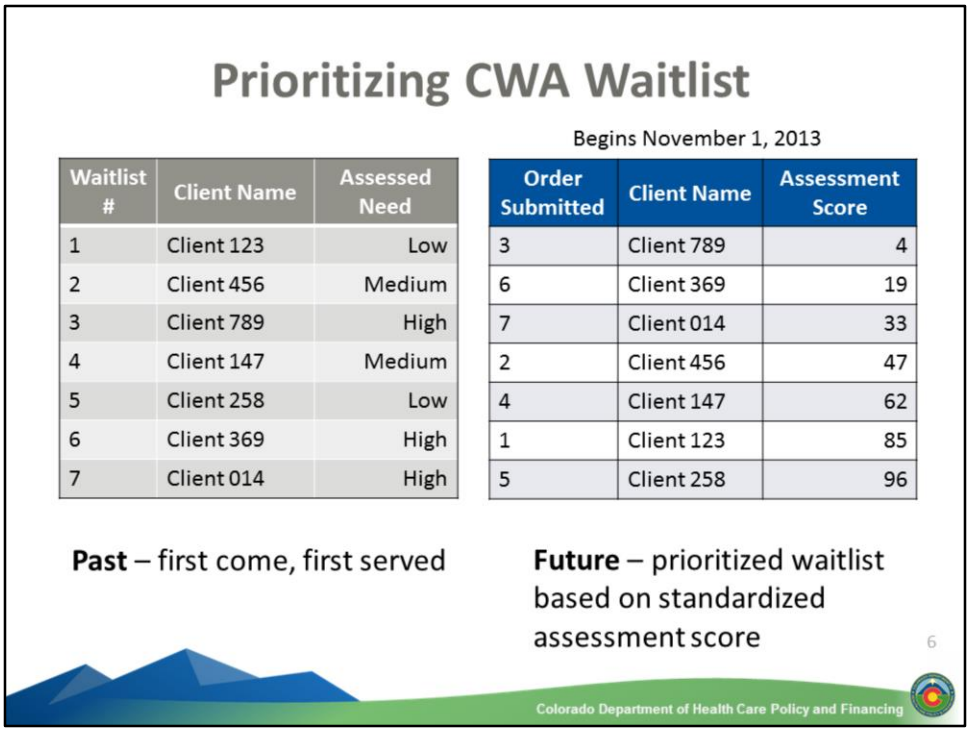


A Standardized Norm-Referenced Assessment can be provided by anyone who has the credentials to provide the assessment

These are 3 examples of the most common assessment tools out there. These three are mentioned in the rule as suggested assessments.

This specific variety of assessment tools was picked because:

- They are comparable to each other – the scores can be compared across the board
- Gives Providers options to provide the assessment they currently use or like
- Gives families more options of providers



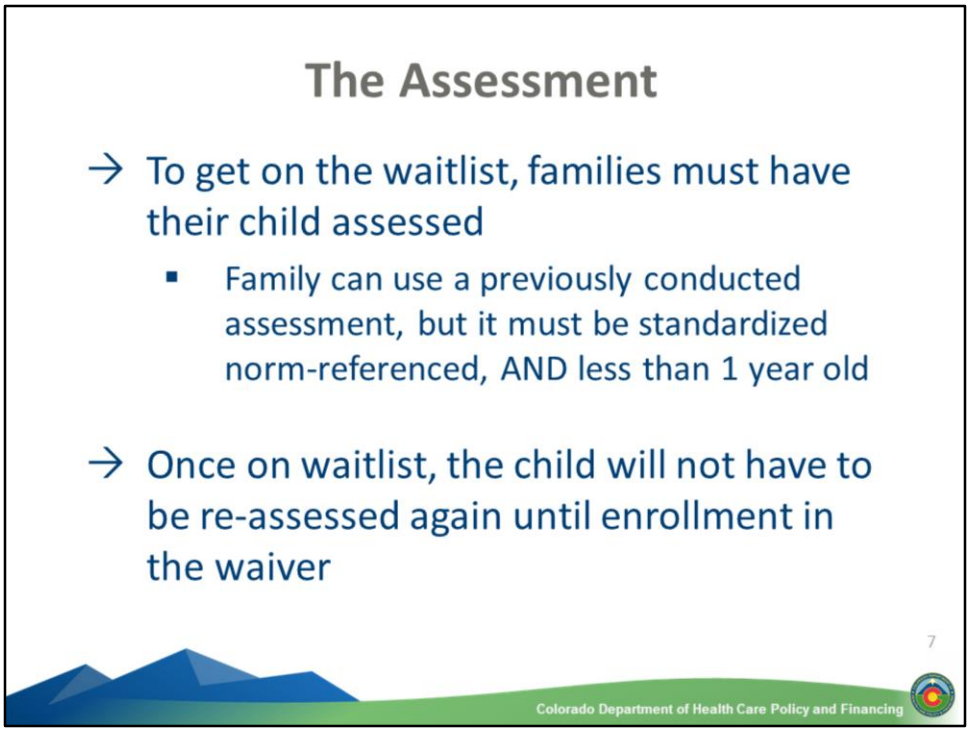
Current clients on the waitlist prior to November 1, 2013 will be grandfathered in in the order they already are in.

The prioritized waitlist will only apply to clients entering the waitlist after November 1, 2013

Current waitlist places clients on the waiver in a first come, first served basis

The prioritized waitlist will place clients based on need according to their standardized norm-referenced assessment score.

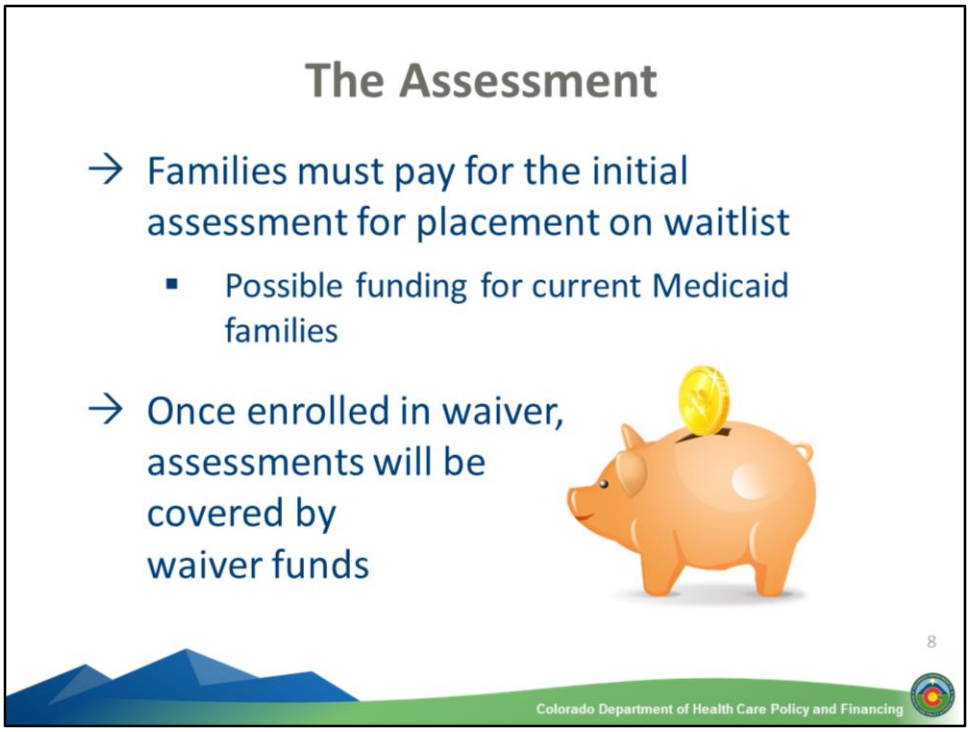
The lowest composite score = highest need



Families must have their child assessed or have a recent assessment that is standardized norm-referenced and less than 1 year old in order to be placed on the waitlist.

Once on the waitlist, the child will not have to be re-assessed again until enrollment in the waiver.

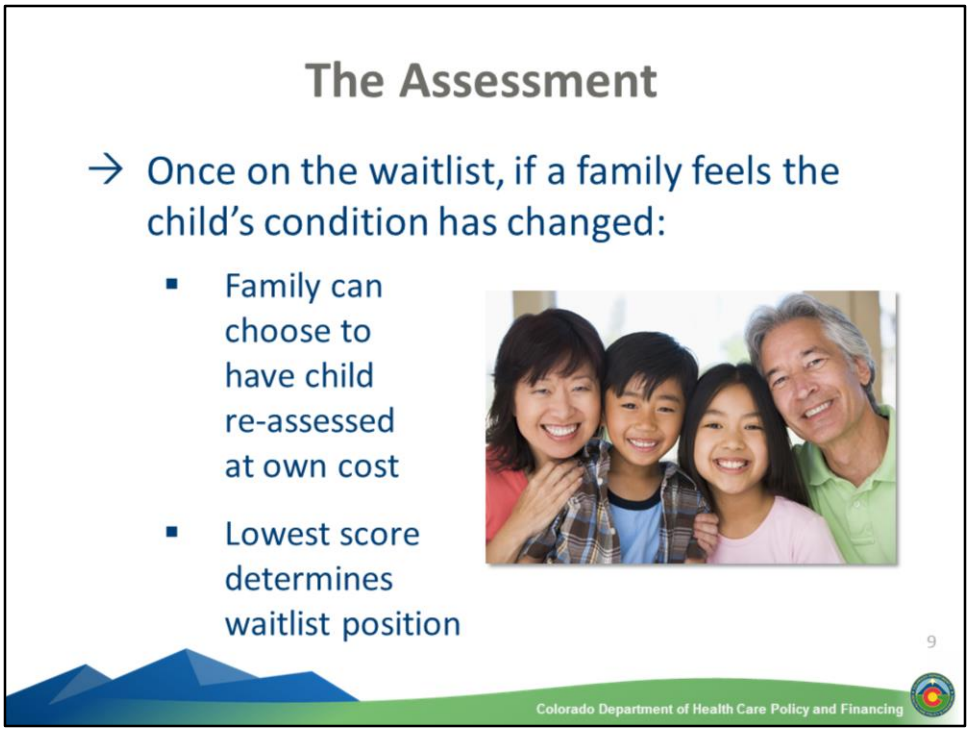
It's important to note that children on the CWA waiver waitlist prior to November 1, 2013 will be grandfathered in and will maintain their current place on the waitlist. Only children added to the waitlist after November 1, 2013 will be prioritized by assessment score.



The legislation did not appropriate any funds to help families pay for the assessment. Families will have to pay for the first assessment to get the client placed on the waitlist.

The Department is exploring options to provide funding for families currently on Medicaid. Additional resources may be available and will be posted on Advocates website.

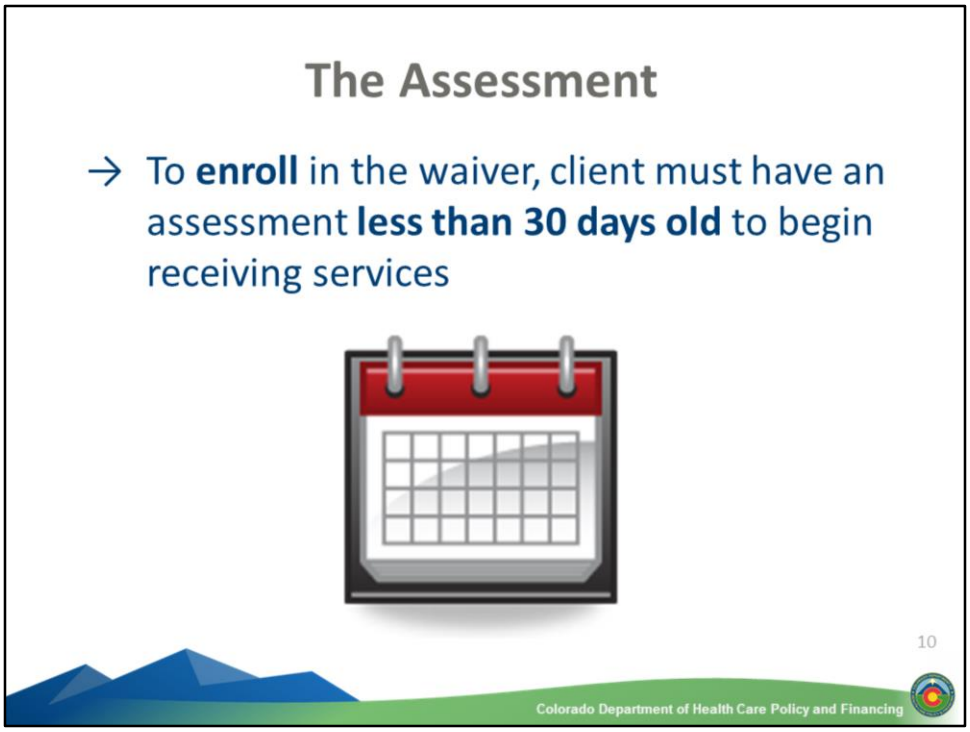
Once the client is placed on the waiver, the assessments will be covered by waiver funds.



Once on the waitlist, the family can choose to have their child re-assessed at any time, however, this assessment will be at their own cost.

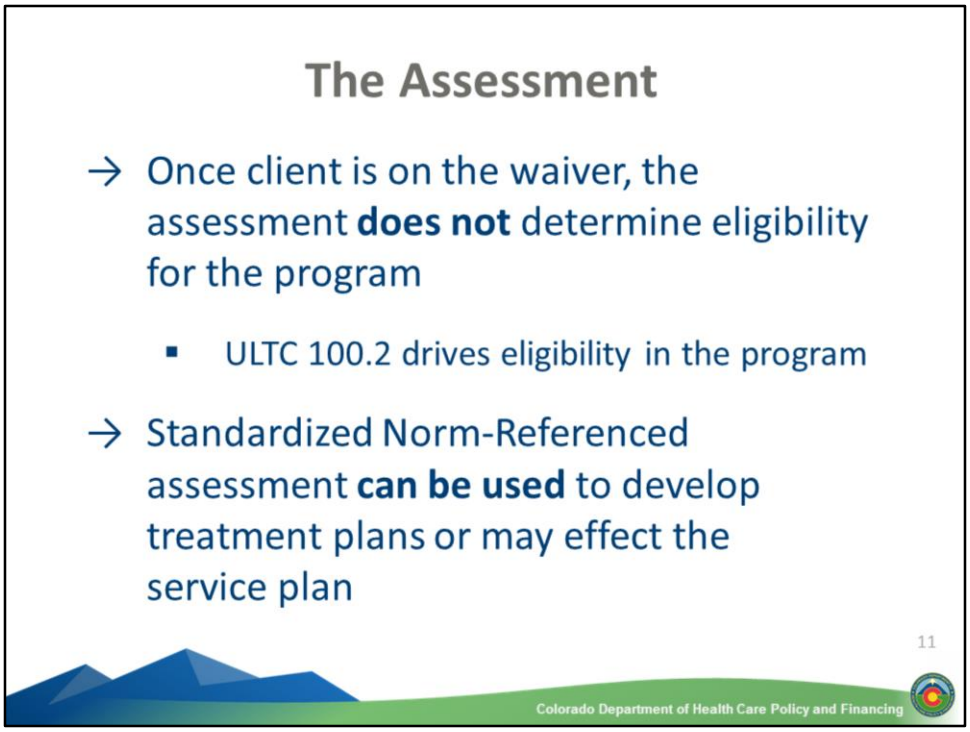
The family/provider can submit the new score to the Case Manager to see if it changes their position on the waitlist.

The lowest score determines the waitlist position.



Assessments can be up to a year old in order to get on the waitlist

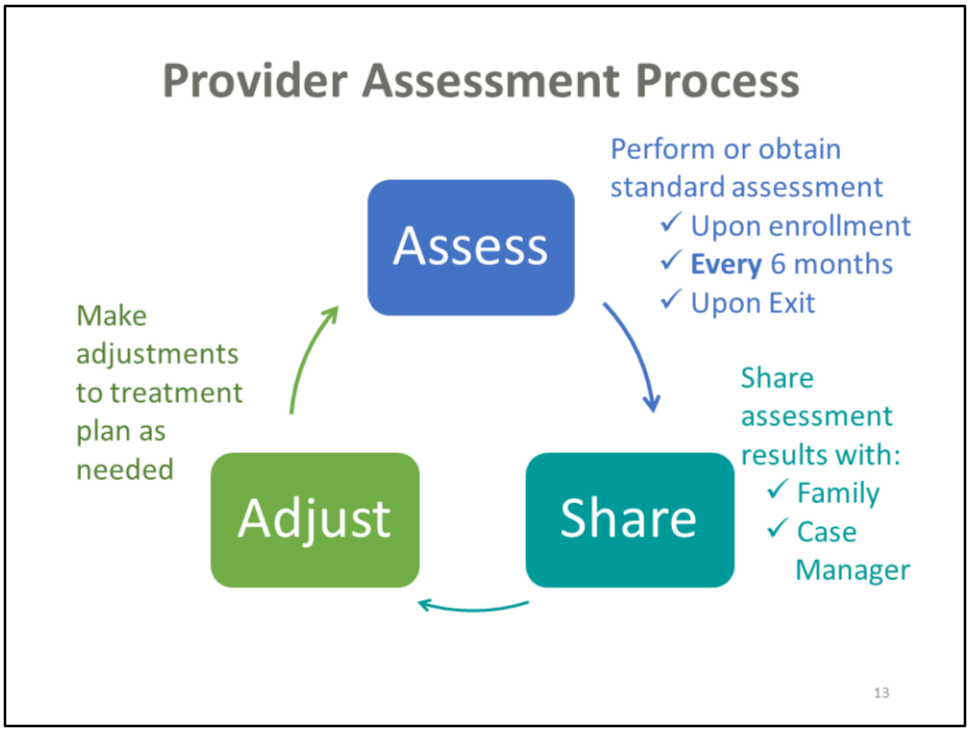
To enroll in the waiver, clients must have a new assessment that has occurred less than 30 days prior to beginning services



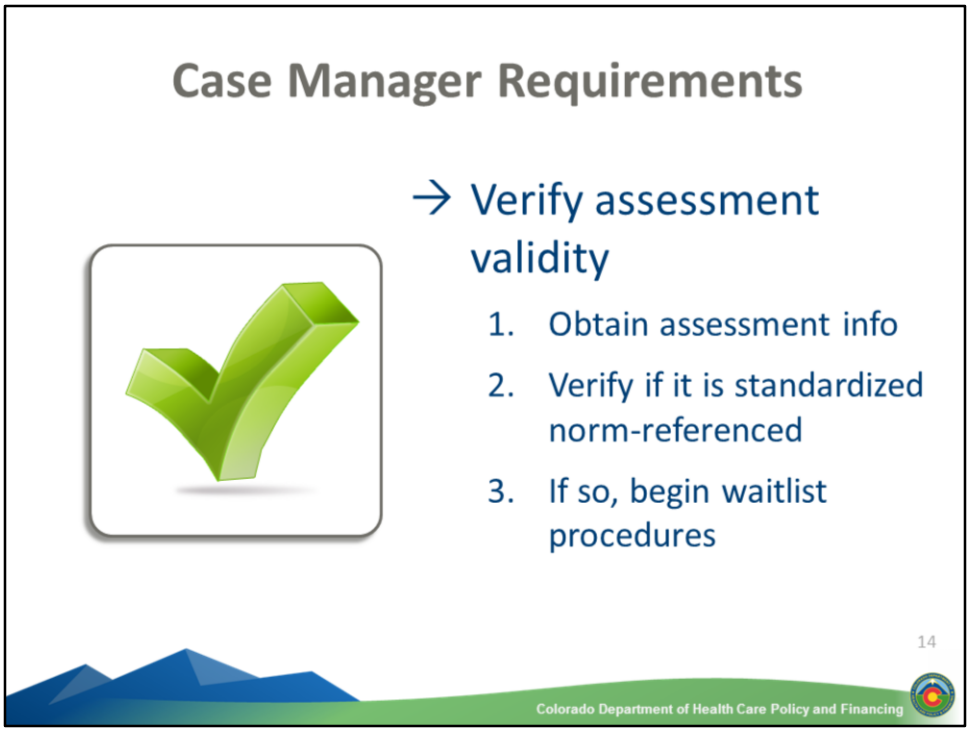
The standardized norm-referenced assessment does not determine eligibility for the program – the ULTC 100.2 is still the driving assessment for eligibility

It can be used for developing treatment plans or it may effect the development of the service plan

Questions about the assessment before we get into the process?

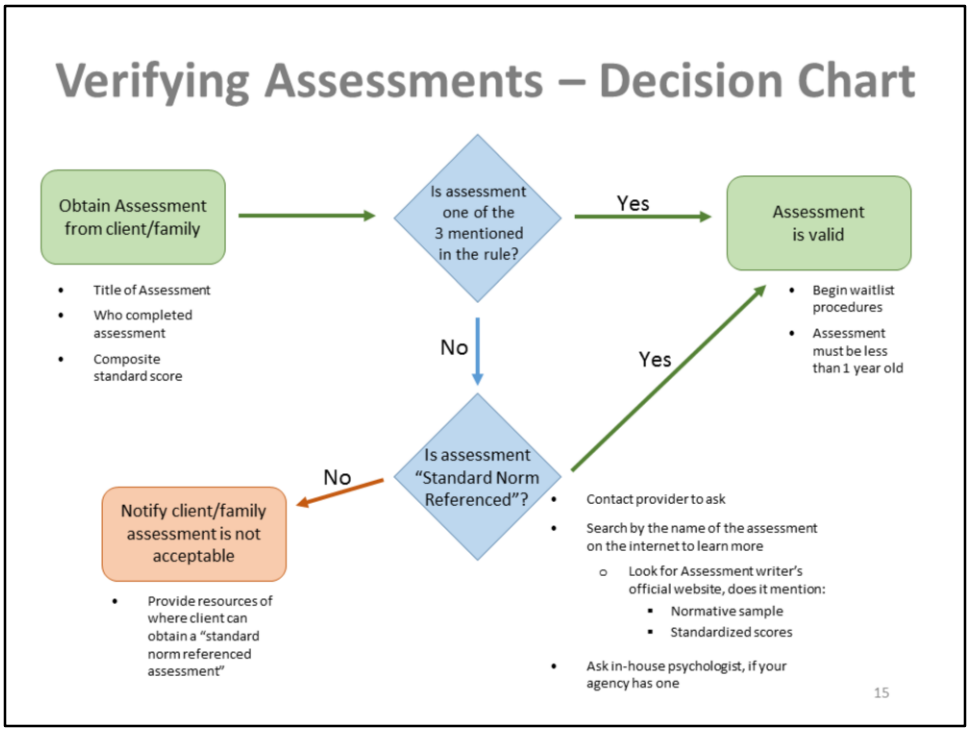


This is the process the Provider is responsible for

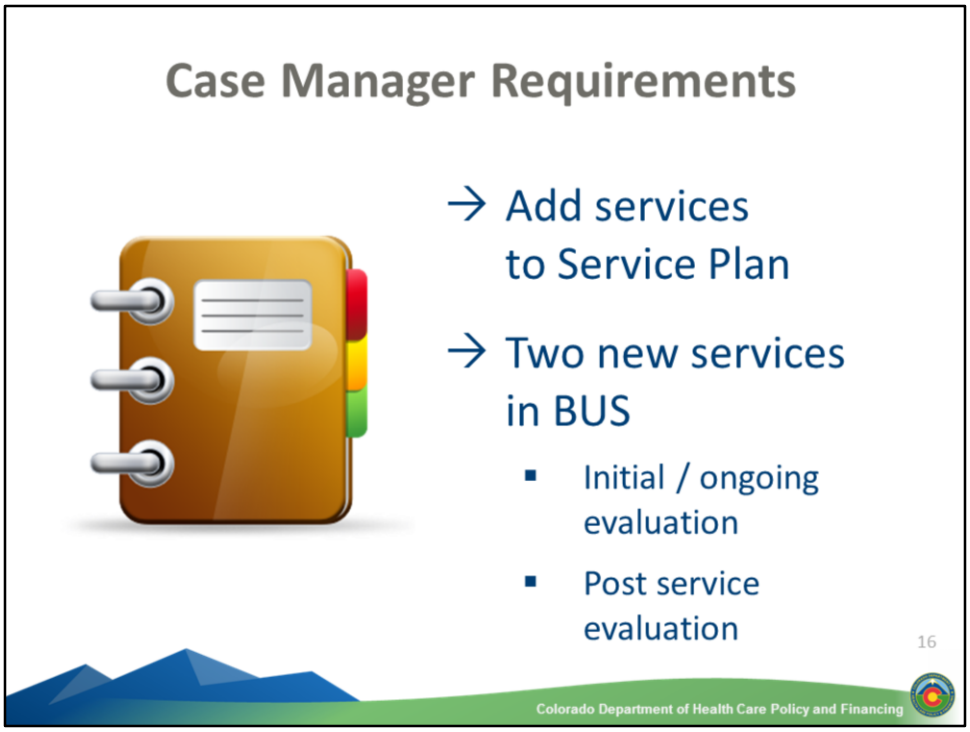


Case Managers are responsible for verifying the assessment'

These are the basic steps, we'll get more in-depth on next slide



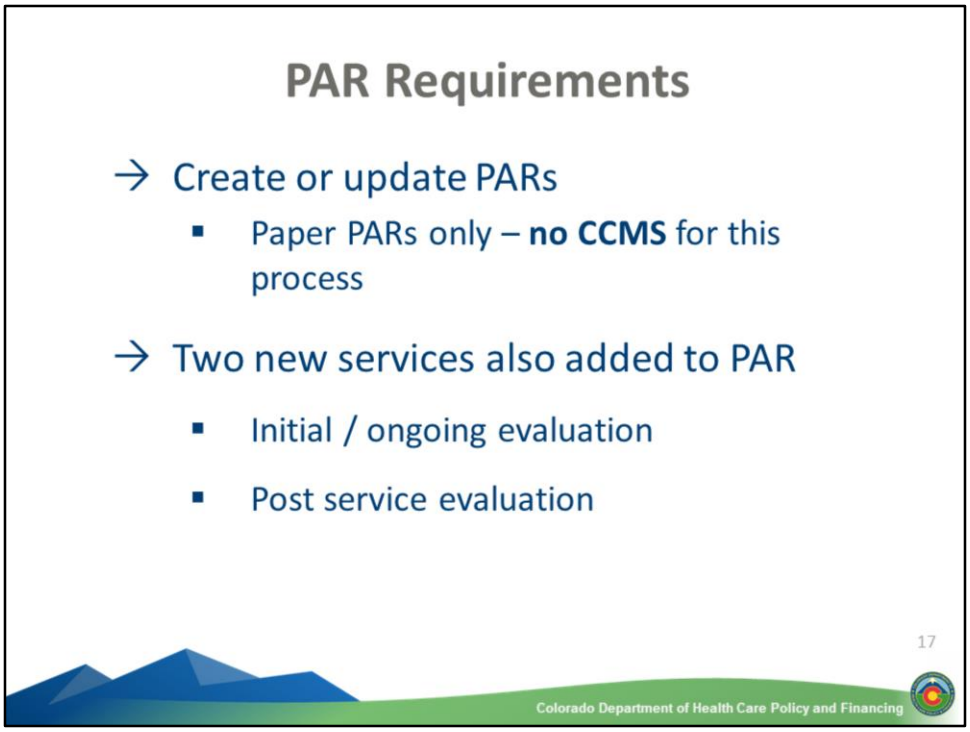
This is a decision chart for verifying assessments. Also provided as stand alone HANDOUT



These new services will have to be added to the service plan

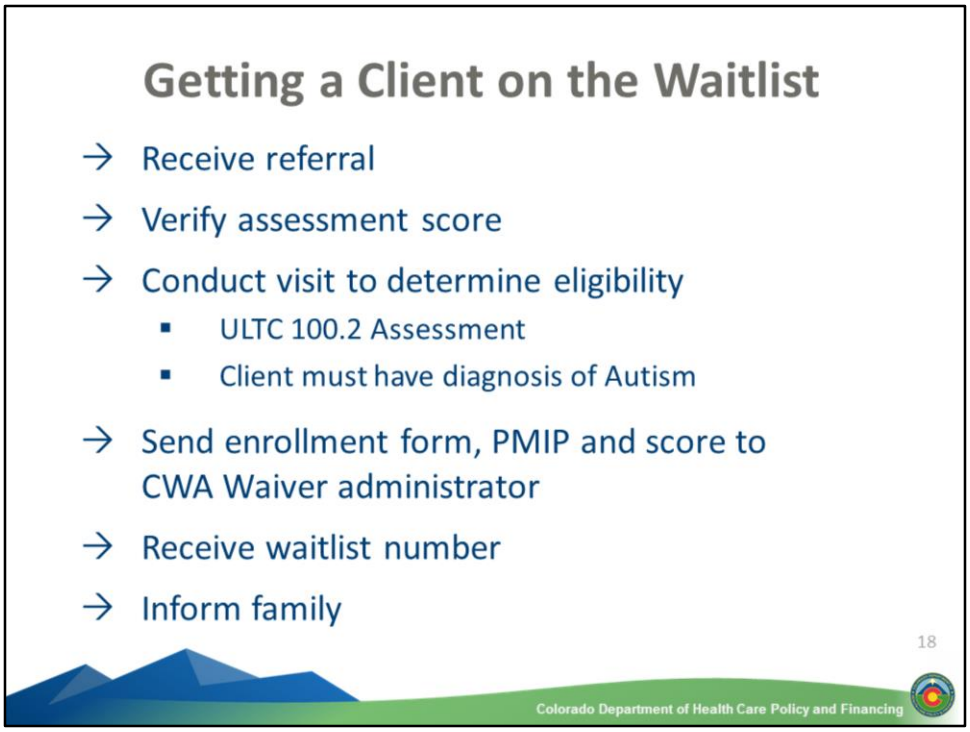
In the BUS the Assessment is called the initial/ongoing evaluation and Post Service evaluation

The Department is working to update the BUS with these two new services



The same services are also used on the PAR

Can only use paper PAR for this process – No CCMS



** Animation on this slide – click to activate each step (6 steps)

Receive referral

Verify assessment score

Conduct visit to determine eligibility

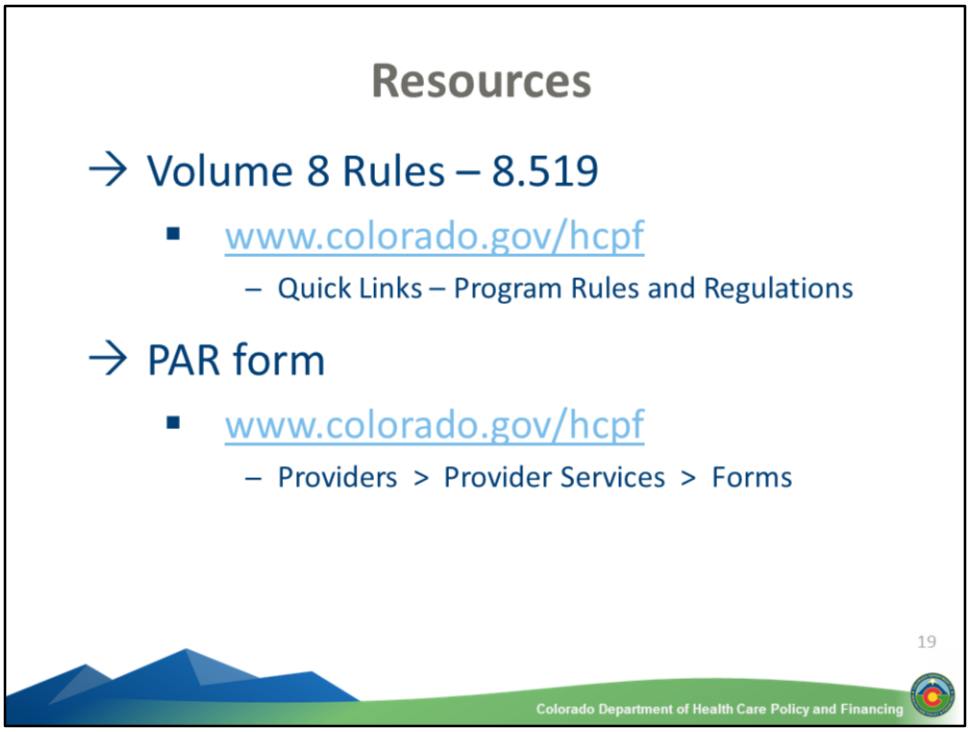
- ULTC 100.2 Assessment
- Client must have diagnosis of Autism

Send enrollment form, PMIP and score to program administrator

Receive waitlist number

Inform family

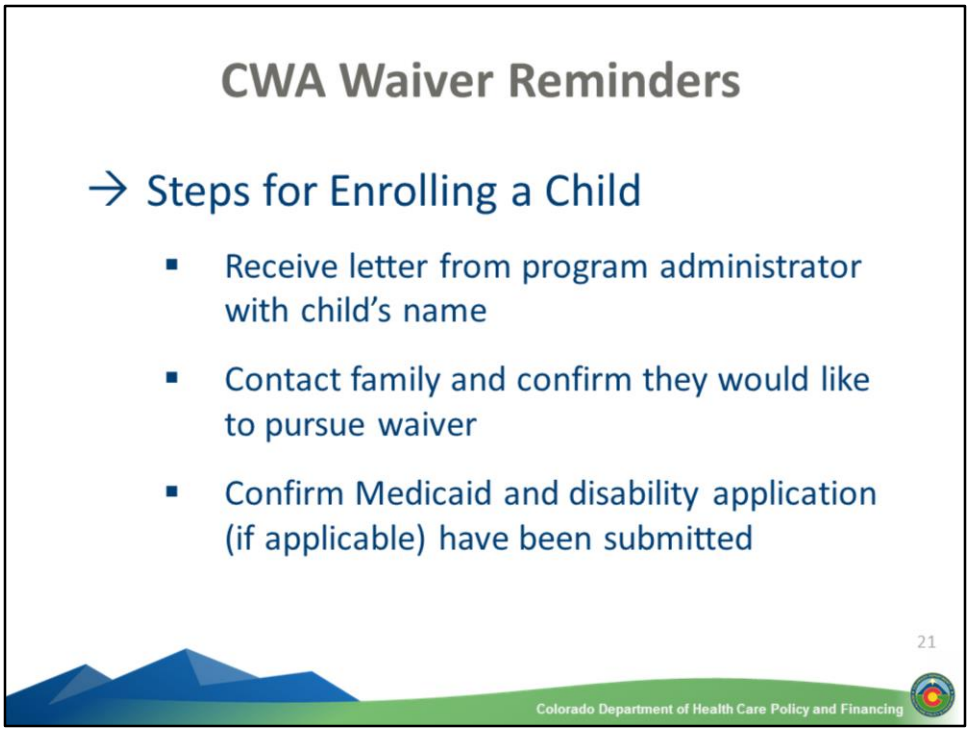
No Medicaid application is needed until the client will be placed on the waiver, unless the client is already on Medicaid.



You can find information on our website to find the text of the rules and the PAR Form

Questions about the waiver changes or process?

Next we're going to cover a few basics and reminders….



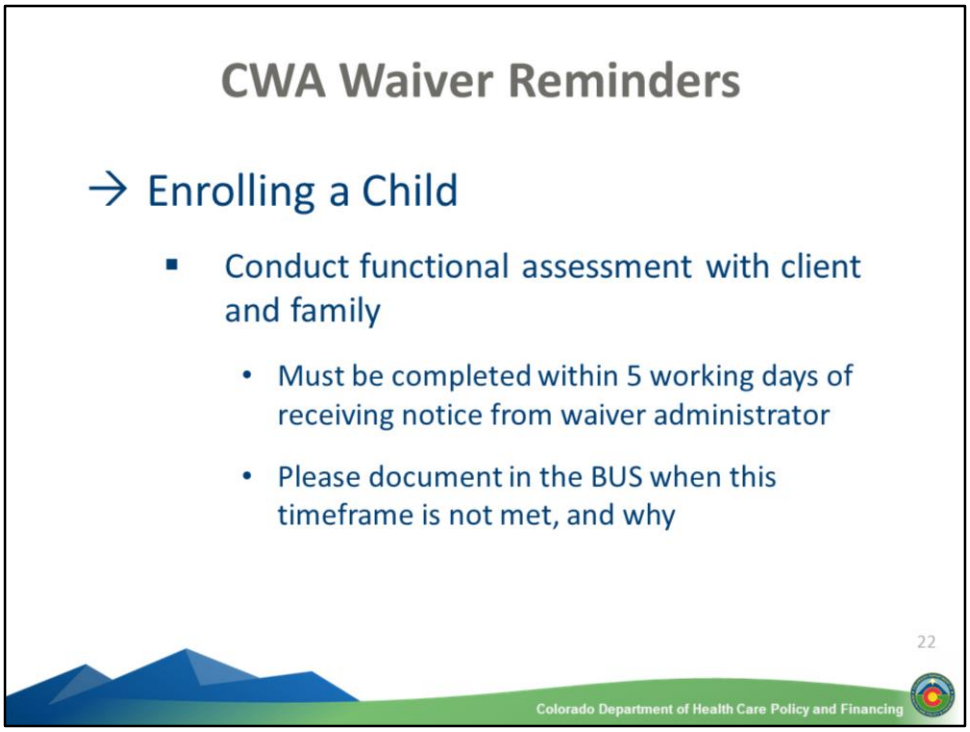
Steps for Enrolling a Child

Receive letter from program administrator with child's name

Contact family and confirm they would like to pursue waiver

- Give family 30 days to make decision
- 3 attempts with no reply = send 803

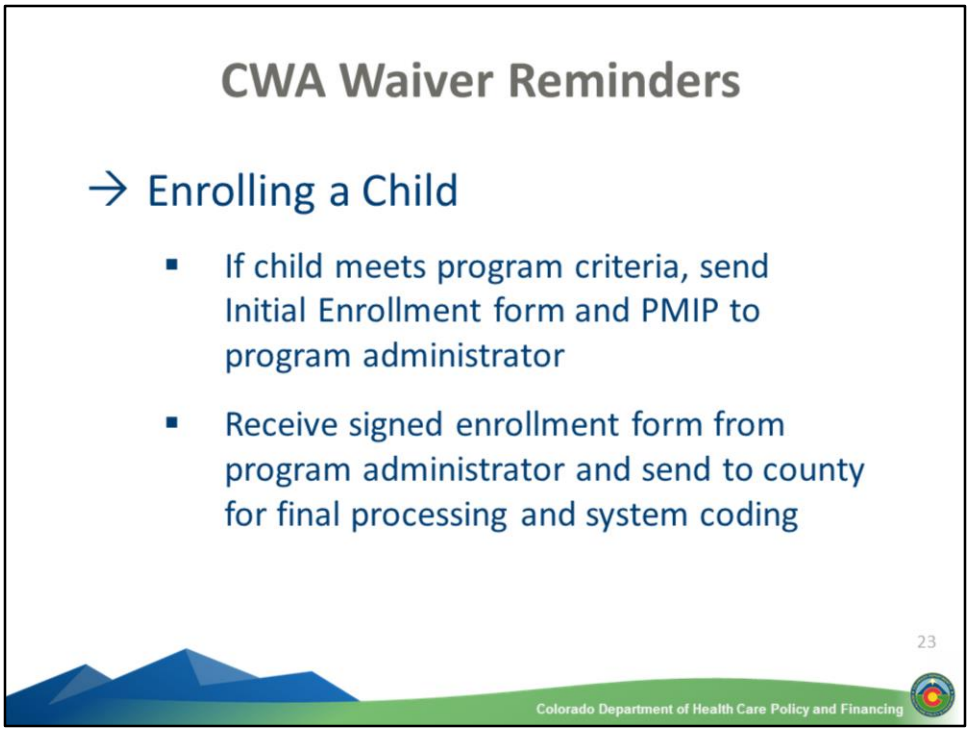
Confirm Medicaid and disability application (if applicable) have been submitted



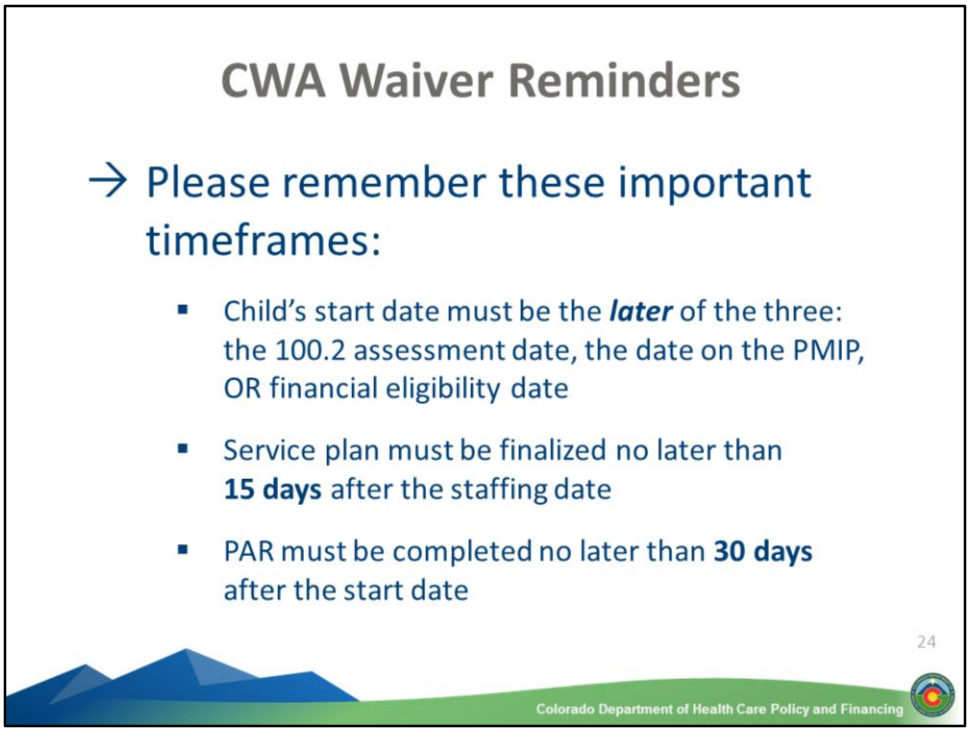
Enrolling a Child

Conduct functional assessment within 5 days of receiving notice from waiver administrator

If this timeframe is not met, document that in the log notes on the BUS. Use log notes to track every attempt to contact – this is the official record for the client

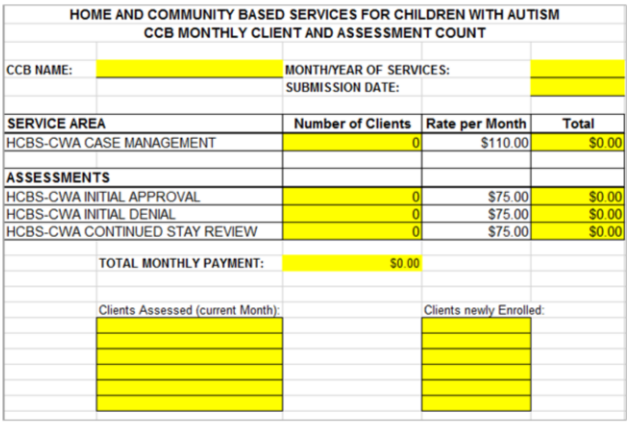


Enrolling a child continued


CWA Waiver Reminders
→ Please remember these important timeframes:
Child's start date must be the *later* of the three: the 100.2 assessment date, the date on the PMIP, OR financial eligibility date
Service plan must be finalized no later than **15 days** after the staffing date
PAR must be completed no later than **30 days** after the start date
24
Colorado Department of Health Care Policy and Financing

Timeframes

CWA Monthly Billing Report



HOME AND COMMUNITY BASED SERVICES FOR CHILDREN WITH AUTISM
CCB MONTHLY CLIENT AND ASSESSMENT COUNT

CCB NAME:

MONTH/YEAR OF SERVICES:
SUBMISSION DATE:

SERVICE AREA	Number of Clients	Rate per Month	Total
HCBS-CWA CASE MANAGEMENT	0	$110.00	$0.00
ASSESSMENTS			
HCBS-CWA INITIAL APPROVAL	0	$75.00	$0.00
HCBS-CWA INITIAL DENIAL	0	$75.00	$0.00
HCBS-CWA CONTINUED STAY REVIEW	0	$75.00	$0.00
TOTAL MONTHLY PAYMENT:	$0.00		

Clients Assessed (current Month):

Clients newly Enrolled:

** Animation on this slide – click to activate who to contact to get this form, when reports are due, and report due date example

CWA Waiver Reminders

→ Quarterly Reports

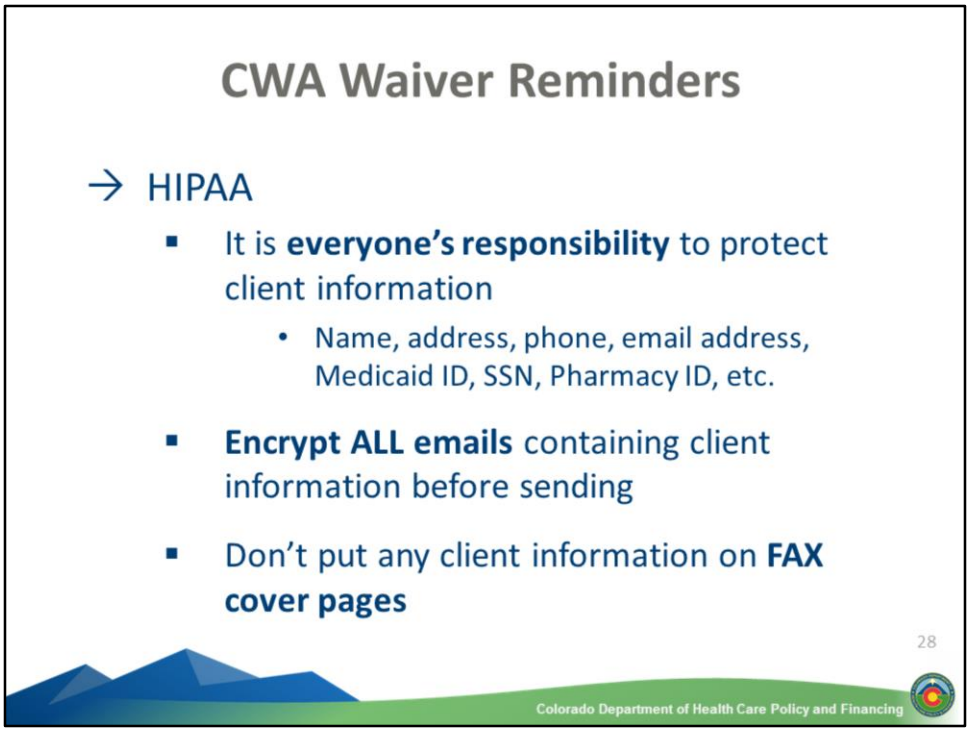
- Complaint Report
- Critical Incident Report
- Training Report
- Administrative Tool

→ Reports due 30 days after end of each quarter

CWA Waiver Reminders

→ Quarterly Reports Due Dates

- Quarter 1: January – March
  - Due April 30
- Quarter 2: April – June
  - Due July 31
- Quarter 3: July – September
  - Due October 31
- Quarter 4: October – December
  - Due January 31



HIPAA Reminders

It is everyone's responsibility to protect client information

Includes any personal identifying information, here are a few examples

Any emails containing this type of client information MUST be sent encrypted

FAX cover pages are intended to keep the contents of the fax confidential – do not include client information as part of the FAX cover page - this violates confidentiality

Questions

Contacts

Waiver Questions:

Candace Bailey
CWA Waiver Administrator
candace.bailey@state.co.us

Billing Questions:

Amy Scangarella
Contract Manager
amy.scangarella@state.co.us